

STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL

ADULT MEDICAL INFORMATION AND WAIVER OF LIABILITY

PARTICIPANT INFORMATION

Name _____ Date of Birth _____ ☐ Male ☐ Female
Address _____ City _____ State _____ Zip _____
Home Telephone _____ Business Telephone _____ Today's Date _____
Name of Agency _____ Job Title _____
Agency Address _____
Name of person to be notified in case of an emergency _____
Emergency Telephone Number _____ Course Dates _____

TO THE PARTICIPANT: The Wilderness School conducts physically demanding courses of up to twenty days in length. The program is not a summer camp experience. The participant must be emotionally as well as physically prepared for the rigorous demands of the experience. Participants participate in backcountry hiking expeditions. Participants sleep in tarps inside sleeping bags. Participants carry thirty to fifty pound backpacks on average of eight miles per day and for extended periods.

The Wilderness School provides ample and nutritious meals prepared by the participants. Special dietary requirements cannot always be met. Personal hygiene and selfcare is limited to a primitive wilderness setting (cold water bathing). Toilet facilities are limited to latrines and outhouses. Expeditions occur in remote areas and in all types of weather, including wind, rain, cold, heat and electrical storms. Additional environmental hazards include potential exposure to diseases such as Rabies and Lymes' Disease through contact with animals; and insect bites and stings. Due to the remote environment, contact with participants is through correspondence only. While the course is stressful, it is expected that any person with normal physical and mental abilities can complete the program successfully. The use of tobacco, alcohol, and illicit drugs is prohibited.

MEDICAL HISTORY AND INFORMATION (to be completed by the participant)

Wilderness **School requires adult participants to have had a physician's examination within twelve months of any overnight activity.** If you have not had a physician's examination within this time, please do so. If there is any doubt about your ability to safely participate in field activities, you should seek Doctor approval prior to participation.

Please answer the following questions as completely as possible.

1. ☐ yes ☐ no. Have you had a physicians exam within twelve months of this course? If NO, when is the scheduled date of your exam? _____
2. Do you have any dietary restrictions? _____
3. ☐ yes ☐ no. Are you taking any medication? (It is important that we know of all medication taken on the courses) _____
4. ☐ yes ☐ no. If you are on medication, do you experience any side effects? _____
5. ☐ yes ☐ no. Do you have asthma? (If yes, do you currently use an inhaler or other medication?) _____

6. ☐ yes ☐ no. Do you have allergies (i.e. food, sulfa, penicillin, wasps or bees)? If yes, explain. _____

7. Height _____ Weight _____

8. ☐ yes ☐ no. Do you engage in any sports or exercises? What sports or exercise? _____
How often? _____
- * 9. ☐ yes ☐ no. Has a Doctor ever said that you have or have had heart trouble?
- * 10. ☐ yes ☐ no. Have you ever had chest pain or pressure in the chest during exercise or walking? If yes, explain. _____
-
- * 11. ☐ yes ☐ no. Have you ever experienced a rapid heart beat action or palpitations?
- * 12. ☐ yes ☐ no. Do you have diabetes?
- * 13. ☐ yes ☐ no. Have you ever or do you now have high blood pressure or hypertension?
14. ☐ yes ☐ no. Are you more than 20 pounds heavier than you should be?
15. ☐ yes ☐ no. Do you smoke cigarettes? If yes, how much and how often? _____
- * 16. ☐ yes ☐ no. Do you have TB, emphysema or any other lung condition? If yes, explain _____
17. ☐ yes ☐ no. Do you have a chronic illness? If yes, explain. _____
18. ☐ yes ☐ no. Do you have any condition limiting the motion of your muscles, joints, or any part of the body which could be aggravated by exercise? _____
- * 19. ☐ yes ☐ no. Do you have back pain or any past or present back injury? _____
- * 20. ☐ yes ☐ no. Do you have a seizure disorder or epilepsy? If yes, explain _____
21. ☐ yes ☐ no. Do you have any problem with vision or hearing, i.e. require glasses, contact lenses or hearing aides?
22. ☐ yes ☐ no. Do you experience dizzy spells, fainting, convulsions or persistent headaches? _____
-
- * 23. ☐ yes ☐ no. Do you have a serious bone injury, including broken bones, joint dislocation, serious sprains? _____
-
24. ☐ yes ☐ no. Have you had any severe injury to head, chest or internal organs? _____
25. ☐ yes ☐ no. Have you had a reaction to extremes of temperature (i.e. heat exhaustion or frostbite)? _____
-
27. ☐ yes ☐ no. Have you suffered any injury or trauma in the last two months not already listed above (i.e. car accident, surgery)? If yes, please give details and present condition _____
-
-

* If you have answered yes to any of the starred questions, you must have your doctor specifically approve your participation in this activity. Please elaborate further on any physical condition of concern.

DOCTOR APPROVAL (if necessary)

Name of participant: _____ is under or has been under my care for the following condition(s): _____

I approve of his/her participation in the Wilderness School Agency Orientation course.

Doctor's signature

date

Print Doctor's Name

CONSENT AND WAIVER: There are certain inherent risks to be assumed when participating in activities of a physical nature. Wilderness School Instructors will inform participants of safety rules and will conduct all activities in a safe manner. However, the entire responsibility is not the Instructors'. Participants also have a role in maintaining the safety of the group. Participants should call to the attention of the Instructors any situation that seems to be a possible danger to any Wilderness School participant or staff. This could include: **1. Broken equipment; 2. Feeling sick or very tired; 3. Having considerable trouble performing or learning a skill.**

I have read the above information and understand the physical and stressful nature of the Wilderness School overnight agency orientation course. Consent is granted for the participant to attend the Wilderness School. I have described any medical or physical conditions that might affect my ability to participate in any activity. As a participant, I will at all times wear any required equipment, and follow the directions of the instructors.

Permission is granted for any medical treatment, emergency anesthesia and/or operation that might become necessary. Permission is also granted for the participant to take non-prescription medications such as aspirin, acetaminophen, ibuprofen, antihistamines, or decongestants under the supervision of program staff.

Permission is granted for participant photo and slide documentation of the course. Consent is also given for those photos and slides to be used in all aspects of Wilderness School functions including slide shows, orientations, pamphlets and newspaper or journal articles.

Participant Signature

Date

MEDICAL COVERAGE:

For our records, answers to the following questions are required in detail.

1. Is the applicant covered by hospitalization and medical care policy? _____
2. If yes, name the Insurance Company issuing the policy and policy number _____
Please include a copy of the participant's medical insurance card.
3. Does the above insurance policy pay for prescription medication? _____
If yes, please include a copy of the participant's prescription card.
4. If not, I will assume full responsibility for any medical costs incurred during my participation at the Wilderness School.

Participant Signature

Date